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APPLICANTS

Randall T. Webber, La Jolla, CA;
 Bruce Hockridge, San Diego, CA;
 Jeffrey O. Meredith, San Diego, CA;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY jd	SHEETS DRAWINGS 18	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 2
Verified and Acknowledged	JEROME W DONNELLY/ Examiner's Signature	Acknowledged	Initials	CA			

ADDRESS

PROCOPIO, CORY, HARGREAVES & SAVITCH LLP
 530 B STREET
 SUITE 2100
 SAN DIEGO, CA 92101
 UNITED STATES

TITLE

Rigid arm pull down exercise machine

FILING FEE RECEIVED 909	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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